

under safeguards, it shows India's commitment to its role in the global community.

Mr. Speaker, the United States-India civil nuclear agreement strengthens energy security for both the United States and India and promotes the development of stable and efficient energy markets in India to ensure adequate and affordable supplies. Development and expansion of U.S.-India civil nuclear cooperation should, over time, lessen India's dependence on imported hydrocarbons, including those from Iran.

Mr. Speaker, India is taking necessary steps to build its relationship with the international community. Although India has never been a signatory of the Nuclear Nonproliferation Treaty, it should not be considered as a problem state with regard to nonproliferation issues. It has no record of proliferating dual-use nuclear technology to other countries. India understands the danger of the proliferation of weapons of mass destruction and has agreed to key international nonproliferation requirements.

Finally, Mr. Speaker, once the Bush administration outlines the details of the civil nuclear energy cooperation agreement, then Congress must begin steps to enact the changes necessary for implementation, and I would urge all my colleagues on a bipartisan basis to move in that direction and support it. The United States has established a remarkable strategic partnership with India, and a civil nuclear cooperation would be a great accomplishment. Its implementation is important for national security and for U.S.-India relations. Our two nations have made extraordinary progress over the last several years, and the path that lies ahead is critical to our improving relationship.

HEALTH CARE TRANSPARENCY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. BURGESS) is recognized for 5 minutes.

Mr. BURGESS. Mr. Speaker, Americans, American patients, are fortunate. They have access to the greatest health care system in the world. But for many, the cost to access that care is prohibitively high. So it is ironic, Mr. Speaker, that the world's largest free market economy, government control and lack of true market forces have led to diminished sophistication among medical consumers and increased health care costs.

Dr. Uwe Reinhardt, a professor of political economy at Princeton University, frames the problem by stating: "To move from the present chaotic pricing system toward a more streamlined system that could support genuinely consumer-directed health care will be an awesome challenge. Yet without major changes in the present chaos, forcing sick and anxious people to shop around blindfolded for cost-effec-

tive care mocks the very idea of consumer-directed care."

A lack of transparency has created a system where customers don't have the ability to hold providers accountable. We have reached a point where even doctors and nurses and other providers have difficulty in being cost conscious, because nobody really knows what anything costs any more. In a system like this, cost increases are a given.

Mr. Speaker, there is no bigger proponent of medical health savings accounts than myself. A little less than 10 years ago when the Archer Medical Savings Accounts were first made available, I went out and got one. I think it is a good method of providing health insurance, particularly for those young Americans who want to be entrepreneurs that Chairman DREIER was just talking about. But right now there is a problem, because there is a lack of transparency in the system; and that opacity in the system prevents them from being good consumers.

A more transparent pricing system would help give providers and patients more control over their health care dollar, but there are great incentives for providers to keep consumers blindfolded. For instance, every year hospitals normally raise their price list for services. Because hospitals can increase their net revenue by raising their list prices, this provides them the incentive to increase their list prices.

But hospitals also negotiate a discount in payments for patients covered by certain health plans, and these discounted amounts are not always available to individuals who may be interested in self-pay, such as the holder of a health savings account.

Additional breakdowns of hospital operating costs and how that impacts billings would be essential information to a consumer trying to select the lowest-cost provider. Since this information is obscured, the consumer can exert no pressure on a hospital to implement rational pricing structure.

What happens when pricing information becomes available to consumers? The results can be dramatic. When the Medicare prescription drug discount card was introduced in 2004, seniors could log on to Medicare.gov and see cost comparisons of what drugs cost at area pharmacies. I would submit that Lasik surgery and plastic surgery are the other such examples when transparency is brought to the marketplace.

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Some health plans are getting into the transparency game. Aetna health plan has initiated a pilot project in Cincinnati, Ohio, that gives enrollees information on what doctors charge and gives enrollees the ability to take action before services are performed. This type of information is vital to hold providers and plans accountable for what they charge and what the patient pays.

Giving new consumer-based coverage options like health savings accounts

the opportunity to plug into a fully transparent system, it gives consumers information on cost, price and quality and would transform the American health care system in a radical manner, providing care for more Americans both rich and poor. Patients with portable health care dollars that can be paid at the point of service are extremely attractive to most health care providers who otherwise normally have to wait for an insurance company to process a claim and remit the payment sometimes months or even years after a service has been rendered. To attract the business of these patients who are willing to pay cash at the time of delivery, providers could list their charges, competing for business on price and quality.

With nearly 3 million now enrolled in health savings accounts to date and the number growing daily, health care providers and hospitals would be wise to allow transparency to pervade the system and ride the coming consumer wave.

Now, Congress can play a role in leveling the playing field in favor of the health care consumer. HSAs should be supported or made more attractive to consumers by increasing their portability and maximizing the tax benefits of these accounts. Congress has already established several quality reporting programs that are available to the public. The same should go for medical costs. There is no reason to continue the system of opacity in medical pricing.

Congress should take the lead in developing a collaborative approach with all provider stakeholders to make the costs more transparent to consumers.

The Greek dramatist Sophocles said that, "wisdom outweighs any wealth." The American health care system needs a healthy dose of wisdom; and consumers can deliver, given the chance.

MISSED OPPORTUNITIES

The SPEAKER pro tempore (Mr. MARCHANT). Under a previous order of the House, the gentleman from Texas (Mr. GENE GREEN) is recognized for 5 minutes.

Mr. GENE GREEN of Texas. Mr. Speaker, the President gave the annual State of the Union speech and also released his budget recently. The speech and the budget were short on many important issues that face our families and neighbors every day.

I was glad he talked about supporting our troops; and I agree. However, I did not hear a call for creation of additional divisions to give our regular military and reserves more time at home between deployments. He announced no plans to stop extending the enlistments for the young men and women serving our country, some of whom are serving their third tours in the Middle East.

We also need better equipment and training for the people who volunteer